

**Testimony to the Illinois Human Services Commission**  
**Co-Chairs Ms. Toni Irving and Ms. Ngoan Le**  
September 8, 2011

Co-Chairs Irving and Le and members of the Commission, thank you for this opportunity to testify. My name is Lore Baker of the Supportive Housing Providers Association (SHPA). I represent SHPA's 118 non-profit member organizations, including staff, boards, and over 10,100 residents living in supportive housing, plus the over 20,000 men, women, and children homeless or inappropriately housed needing supportive housing in our state, which are daily challenged by their struggle to obtain adequate resources to survive.

Many people who have successfully fought their way out of the slough of despair and homelessness face the looming specter of re-entering homelessness because the transitional assistance that allowed them to pay their minimal rent portion in supportive and affordable housing was eliminated. The Homelessness Prevention Program and Emergency and Transitional Housing Program sustained massive cuts which will lead to 21,000 men, women and children finding themselves on the streets of Illinois with nowhere to turn for shelter or assistance.

But on to the task of the day, the state of Illinois has made legal commitments to rebalance the long-term care system. *Colbert v. Quinn* is the third in a trio of class actions brought against the State on behalf of people with all types of disabilities living in institutions to assure them the choice to live in the community. The other two cases, *Ligas v. Hamos* and *Williams v. Quinn*, reached similar settlement agreements. "Court approval of the *Colbert* agreement will bring us closer to our goal of ending the involuntary segregation and isolation of people with all types of disabilities in nursing homes and institutions across... Illinois," said Benjamin Wolf of the ACLU of Illinois, co-counsel for the class. Unfortunately, the budgetary decisions made in the last two years have threatened to add to the classes rather than create opportunities for movement out of restrictive institutional settings and into the community.

The Supportive Housing Providers Association urges the state to consider all of the proposed revenue sources recommended by the Human Services Commission in its' April 2011 report. Slashing and burning the very systems expected to partner with the state in order for the state to meet its' legal obligations is counter-intuitive, to say the least. The state should consider how it can retrain thousands of IMD, nursing home and ICFDD employees to meet the need for community-based/home-based services required to meet this obligation. The President will be announcing his employment package tonight; Illinois should be positioning to obtain some of this funding to create new jobs in a growing sector.

As the state considers where it is best to place human services and health programs, please take into consideration complex programs which are connected to multiple departments, divisions and bureaus. For example, supportive housing service funding is primarily received from the Department of Human Services, either through the Division of Mental Health or the Bureau of Homeless Services and Supportive Housing. But some supportive housing providers receive Department of Healthcare and Family Services dollars (Medicaid) or Department of Public Health dollars (HIV/AIDS) or Department of Children and Family Services dollars (family reunification) or Department of Corrections dollars (community re-entry). The state must also thoughtfully consider how best to organize around the re-balancing effort since multiple departments are involved including IDPH, IDHS-DMH, IDHFS, IDOA, IHDA, etc. The state should consider how to best breakdown the silos that separate these departments and streamline the ability to share information, resources and staff, in order to accomplish the herculean task of moving thousands of Illinoisans from institutions to the community. Perhaps a new Re-Balancing Long-Term Care Division could be created with staff from each pertinent Department shared to work together in this "new" Division.

Finally, be sure when the outcomes are being developed for the budgeting for results process that current goals and objectives that human service providers are held to by other funders are considered. Don't overburden already overtaxed and severely delinquent paid non-profits by creating new outcomes when they already report on outcomes for other federal and local funders. For example, Continuums of Care around the state that received millions of dollars annually from HUD to serve persons experiencing homelessness work towards five major objectives: Create new permanent housing beds for chronically homeless individuals, increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent, increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent, increase percentage of persons employed at program exit to at least 20 percent and decrease the number of homeless households with children. This is just one example of current results Illinois programs are producing.

One last thing, the Department of Corrections should be brought into the long-term care system rebalancing effort so that they don't add to the classes by releasing persons with disabilities into IMDs and nursing homes. Thousands of people with chronic health conditions cycle in and out of incarceration and homelessness, and they are ill-served by these crisis systems at great public expense and with limited human outcomes. As part of the 100,000 Homes Campaign, Chicago identified the most vulnerable people living on the streets based on a vulnerability scale to identify who was most at risk of dying. Of the people identified, 70% had a history of jail detention and 36% had a history of prison incarceration. The Department of Corrections nationwide is the largest provider of mental health services. In order to shut the front door of IMDs and nursing homes and realize cost efficiencies, the Department of Corrections must be an active participant in the rebalancing effort. IDOC should develop data-matching software to target those with multiple contacts with the prison system who also have multiple contacts with the IDHS Division of Mental Health system. This would allow IDOC to accurately identify those persons in their system with a severe mental illness that could most benefit from supportive housing with long term services and access to mental health services. That way, proper release placements could occur, rather than inappropriate and costly IMD or nursing home placement.

Thank you for your time and consideration.